



FUTURE GENERALI

TOTAL INSURANCE SOLUTIONS

AVIATION QUESTIONNAIRE

TO BE FILLED BY THE APPLICANT

Name of the Life Insured

Application Number

Name of the Employer: _____ Designation: _____

Exact nature of duties: _____

PLEASE PROVIDE ACCURATE ANSWERS TO EACH QUESTION. IF THE ANSWER TO ANY QUESTION IS 'YES', PLEASE PROVIDE DETAILS

This questionnaire applies to:

Pilots, crew or passengers with respect to aviation other than fare-paying passengers on scheduled flights and recognised routes

'Flights' here includes airplane, helicopter, balloon and airship

if you do not have any flying duties, you do not need to complete the rest of this questionnaire.

1. In which of the following capacities do you fly? (Please choose the applicable option):

- Armed Services
- Commercial Pilot (transport)
- Airline Pilot
- Airline Crew
- Helicopter Pilot
- Helicopter Crew
- Aerial Photography
- Survey Work
- Construction Work
- Crop Spraying
- Instructor
- Police
- Test Pilot
- Private Pilot
- Navigator
- No Flying Duties

2. Which type of aircrafts are you authorised to fly?

i. Fixed Wing:

Weight of Aircraft

> 10000 kg < 10000 kg

ii. Rotating Wing:

Weight of Aircraft

>10000 kg < 10000 kg

3. What category of license do you hold? Student _____ Private Pilot _____ Commercial _____

4. How many hours do you usually fly per annum? _____ Hrs. (In last 12 months till date)? _____ Hrs

5. Have you been involved in any flying accidents? Yes No

If 'Yes', please provide details: _____

6. Instructors - Additional Question:

What type of instructor are you?

Airline Club Commercial

7 Helicopter Flying - Additional Question:

Do you ever fly to and from oil rig installations? Yes No

If 'Yes', please mention the frequency of your trips to the oil rigs. Monthly _____ Annual _____

8. Armed Services Aviation - Additional Question:

1. Are you a member of the Parachute Regiment? Yes No
2. Do you take part in competitions or displays? Yes No

If you have answered 'Yes' to either of the questions above, please provide the following details:

- Do you fly fast jets, helicopters or sea harriers? Yes No

Please state the type of aircraft: _____

- Are you a trainee pilot or trainee navigator? Yes No

9. Intended Flying - Additional Question :

Please provide details of the nature of your intended flying, including:

The type of aircraft (make, model name and number): _____

- Number of hours as a pilot: _____
- Purpose of flying (E.g. pleasure, business, airtaxi, instructor etc.): _____
- Who owns the aircraft? _____
- Does the owner hold an Air Operator's Certificate? Yes No
- Who maintains the aircraft? _____
- Where do you intend to fly? _____
Starting point: _____ Destination(s): _____
- Will flights be between licensed airfields? Yes No
If No, give details: _____
- Do you intend to participate in air competitions of any kind, formula air racing, exhibitions, aerobatics or stunt flying? Yes No
If 'Yes', please provide details: _____
- Do you intend to undertake any low-level or specialised flying or manoeuvring (E.g.) crop spraying, inspection? Yes No
If 'Yes', please provide details: _____
- Do you intend to fly as a test pilot? Yes No
If 'Yes', please mention the name of your employer: _____
- Type of aircraft: _____
Prototype _____ New _____ Reconditioned _____ Other _____

I declare that the answers above are true to the best of my knowledge and that I agree that the above information will constitute part of my proposal for life insurance.

Place: _____ Date: _____

Signature of the Life Insured

VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____ Date: _____

Signature of the Life Insured